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CONFIRMATION NO. 8455

SERIAL NUMBER 10/064,749	FILING OR 371(c) DATE 08/13/2002 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. RD27658
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APPLICANTS

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**** CONTINUING DATA** *(Signature)***** FOREIGN APPLICATIONS****IF REQUIRED, FOREIGN FILING LICENSE GRANTED***Dar*
** 08/27/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>and</i> <i>Allowance</i> <i>JML</i> Verifier and Acknowledged Examiner's Signature Initials				

ADDRESS

41838

TITLE

Medical device positioning system and method

FILING FEE RECEIVED 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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